## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

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Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 S.D. SEC					
1. TITLE OF NEWSPAPER	A.	2. DATE 29 - 05			
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	SHED ANNUALLY				
Lescokly 52	PRICE \$ 24.00 - 28.00				
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)					
JCB Man 21 IPN Kov 250 - Kledder Moder My 20 40842					
5. COMPLETE MAILING ADDRESS OF THE HEADQUART PUBLISHER (Not printers)	ERS OR GENERAL BI	USINESS OFFICES OF THE			
6. FULL NAME OF PUBLISHER: Competition	Rhanda L	Plain			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.  FULL NAME  COMPLETE MAILING ADDRESS					
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHE PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, N state. If more space is needed, list on back of this form.	MORTGAGES OR OTH		L L		
First State Bank . Ned		<u>508472</u>			
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. CO EACH ISSUED PRECEDI MONTHS	ACTUAL NO.	)		
A.TOTAL NO. COPIES (Net Press Run)	745	753	0		
B.PAID AND/OR REQUESTED CIRCULATION					
<ol> <li>Sales through dealers and carriers, street vendors and counter sales.</li> </ol>	10	10			
2. Mail Subscription			:		
(Paid and or requested)	670	)0			
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	6-80	71			
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS	7		7		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES					
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	(8)	718	3		
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing	58	22			
2. Return from News Agents					
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	745	75	<u>^</u>		
Statement must be signed by Publisher, Business Mana	ger, or Owner in the	e presence of a Notary Pu	blic		
I swear that the statements made by me are true,	correct, and comp	lete:			
	2				
(Signature)	Coner	(Title)			
(Signature)	N.				
State of South Dakota )	Sworn to before me this 21 day of 500, 200				
County of (he testina)					
(Seaf)	My commission exp	ires:			
		L b			
Form: SOS REC 051 7/2004					